

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
08 JAN 31 PM 1:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000155894

**1. Corporation Name**

BLUE SEAS TRANSPORTATION, INC.

600117604896  
02/08/08--01020--019 \*\*450.00

**2. Principal Office Address**

3750 NW 28TH STREET

Suite, Apt. #, etc.

# 103

City & State

MIAMI, FLORIDA

Zip

33142

Country

USA

**3. Mailing Office Address**

3750 NW 28TH STREET

Suite, Apt. #, etc.

# 103

City & State

MIAMI, FLORIDA

Zip

33142

Country

USA

**4. Date Incorporated or Qualified**

To Do Business in Florida 11/16/2004

**5. FEI Number**

20-1980134

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

NUNEZ, NILDO D

Street Address (P.O. Box Number is Not Acceptable)

7601 E. TREASURE DRIVE

Suite, Apt. #, Etc.

1615

City

NORTH BAY VILLAGE

State

FL

Zip Code

33114

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

Date JAN 18, 200

REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	NILDO D NUNEZ	3750 NW 28TH STREET - # 103	MIAMI, FL 33142

REINSTATEMENT

RH

1-08

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 18, 2008

Date

Daytime Phone #

CR2E081 (01/04)

**DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314**

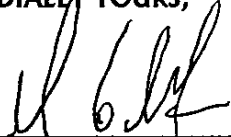
**TO WHOM IT MAY CONCERN:**

**AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE REINSTATEMENT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.**

**BE ADVICE THAT I NEVER RECEIVED THE ANNUAL REPORT NOTICE SINCE THE YEARS OF 2005 FROM YOUR OFFICE TO PAY THE ANNUAL FEES FOR MY COMPANY, WE ARE INCLUDING THE \$150.00 FOR 2008 PAYMENT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.**

**THANK YOU IN ADVANCE FOR YOUR TIME AND CONSIDERATION IN THIS MATTER. AND IF YOU HAVE ANY FURTHER QUESTION PLEASE FEEL FREE TO CONTACT US.**

**CORDIALLY YOURS,**

A handwritten signature in black ink, appearing to read 'N. D. Nunez', is written over a horizontal line.

**NILDO D. NUNEZ  
PRESIDENT**